medicine. The study provides a baseline data for further studies on patients' adherence to psychotropic medications.

PMH42

TREATMENT CONTINUATION AND TREATMENT CHARACTERISTICS OF 3 LONG ACTING ANTIPSYCHOTIC MEDICATIONS (PALIPERIDONE PALMITATE, RISPERIDONE MICROSPHERES AND HALOPERIDOL DECANOATE) IN BELGIUM

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OBJECTIVES: Treatment continuation of 3 long acting, injectable, antipsychotic drugs: paliperidone palmitate, risperidone microspheres and haloperidol decanoate, was evaluated in the Belgian outpatient setting using panel data from public pharmacies. Drug dosage, age distribution and frequency of co-prescribed antipsychotic medications were investigated. **METHODS:** IMS Lifelink™ Treatment Dynamics database was used, applying appropriate selection criteria. Three patient cohorts that started paliperidone palmitate, risperidone microspheres or haloperidol decanoate treatment respectively, between 1 December 2011 and 31 August 2012, were analyzed. All cohorts included at least 13 months of follow up. Treatment continuation was investigated. **RESULTS:** After 90 and 180 days, more patients continued treatment with paliperidone palmitate (60,71% and 42,41% respectively) than with risperidone microspheres (39, 07% and 26, 49%) or haloperidol decanoate (34,23% and 17,57%). Within 3 months after discontinuation, more patients restarted their treatment when using paliperidone palmitate (41%) compared to risperidone microspheres (27%) or haloperidol decanoate (17%). For all therapies, dosing was comparable between treatment initiation and discontinuation. Patients treated with paliperidone palmitate were generally younger (patients ≤ 32 years: paliperidone palmitate, 26%; risperidone microspheres, 17%; or haloperidol decanoate, 5%). Over 1 year, on average 62% of patients used paliperidone palmitate or risperidone microspheres in monotherapy. In contrast, haloperidol decanoate in monotherapy declined over time (from 49% to 28% in 1 year). Medication against extrapyramidal symptoms was on average more used with haloperidol decanoate (37%) than with paliperidone palmitate (16%) or risperidone microspheres (18%). **CONCLUSIONS:** Results of the database research indicate that more patients treated with paliperidone palmitate continued their therapy, restarted therapy and were of younger age than patients receiving risperidone microspheres or haloperidol decanoate. Monotherapy was more frequently observed with paliperidone palmitate and risperidone microspheres while co-medication against extrapyramidal symptoms was less frequently used compared to with haloperidol decanoate.

PMH43

DESCRIBING THE HEALTH STATUS OF SCHIZOPHRENIA CAREGIVERS IN THE 5E.U

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OBJECTIVES: Research indicates schizophrenia is a cause of burden for patients and caregivers. This study examined health-related quality of life (HRQoL) and comorbidities experienced by schizophrenia caregivers compared to non-caregivers and caregivers of other conditions. **METHODS:** Data were obtained from the 2010-2011 and 2013 5E. U. (UK, Germany, France, Italy, Spain) National Health and Wellness Survey, an online questionnaire that's representative of the total adult (18+ years) population. Respondents provided information on HRQoL (SF-36v2: mental and physical component summary (MCS, PCS) and SF-6D (health utility) scores), and comorbidities (sleep-difficulties, insomnia, pain, headaches, heartburn, anxiety, depression) experienced in the past 12 months. Schizophrenia caregivers (n=398) were matched to non-caregivers (n=158,989) and other caregivers (n=14,341) on baseline characteristics (age, gender, income, etc.) via propensity scores (1:2). Chi-square tests and ANOVAs were used to determine significant differences across the groups. **RESULTS:** The average age of schizophrenia caregivers was 45.3 (SD=15.8 years), 59.6% were female, and 14.8% reported an income of €50,000/£40,000+. After matching, schizophrenia caregivers reported significantly lower MCS (40.3 vs. 45.9), PCS (46.8 vs. 49.0) and health utilities (0.64 vs. 0.71), compared to non-caregivers (all $p<0.001$). Schizophrenia caregivers reported experiencing significantly more sleep difficulties (42.7% vs. 28.5%), insomnia (32.4% vs. 18.5%), pain (39.7% vs. 30.4%), headaches (48.0% vs. 42.0%), heartburn (31.7% vs. 22.9%), anxiety (37.9% vs. 23.6%), and depression (29.4% vs. 19.4%) than non-caregivers. Comparing schizophrenia caregivers and other caregivers, schizophrenia caregivers reported lower MCS (40.3 vs. 42.7, $p<0.001$), and health utilities (0.64 vs. 0.67, $p<0.001$). Schizophrenia caregivers reported significantly more sleep difficulties (42.7% vs. 36.8%), insomnia (32.4% vs. 26.0%), pain (39.7% vs. 31.5%), and anxiety (37.9% vs. 29.8%) than other caregivers. **CONCLUSIONS:** Schizophrenia caregivers reported worse HRQoL and more comorbidities than non-caregivers and caregivers of other conditions. Providing caregivers with support services to better manage patients effectively may improve caregiver's health status.

PMH44

DOES GIVING CARERS A BREAK IMPROVE THEIR WELLBEING? RESULTS FROM AN EVALUATION USING THE EQ-5D-5L

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OBJECTIVES: Informal carers are widely acknowledged to be an important part of health care provision, as well as a source of substantial cost savings to the health care system. It has been observed, however, that carers have worse health-related quality of life (HRQL) than the general population. As a result of this, the wellbeing of carers has been set as a government priority. In Bristol, UK, the National Health Service and council jointly funded a 12-week scheme to facilitate breaks from caring. It provided direct payments and aid to allow carers to take a break from caring (with or without the person cared for). Here we investigate the effects of the scheme on carers' HRQL. **METHODS:** In order to conduct the evaluation, a quality of life survey was conducted. Carers were asked to complete questionnaires at Week 0 and Week 12. One of the questionnaires selected for inclusion in both surveys was the EQ-5D (5 level). **RESULTS:** Of the 155 patients completing the Week 0 survey, 97 completed at least some of the Week 12 survey. There was some evidence to suggest a small improvement in HRQL via the EQ-5D-5L (0.62 to 0.66, n=86). Both pre- and post-intervention the estimated mean utility of the cohort was significantly lower than 0.81; the value that would be predicted in the general population given the age and gender characteristics of the cohort. **CONCLUSIONS:** Informal carers have significantly lower HRQL than age-matched controls. While it is not possible to draw firm conclusions around the benefit derived from the intervention, due to the lack of control arm, the evaluation of a carer breaks service indicates a potentially modest benefit.

PMH45

THE IMPACT ON WORK AND SOCIAL ACTIVITIES AMONG CARERS OF CHILDREN WITH ADHD IN SWEDEN RELATIVE TO OTHER NORDIC COUNTRIES

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OBJECTIVES: To understand social and work impacts of caring for children/adolescents with attention-deficit/hyperactivity disorder (ADHD) in Sweden relative to a combined cohort of other Nordic countries (Denmark, Finland and Norway). **METHODS:** Carers in Sweden and other Nordic countries completed the Caregiver Perspective of Pediatric ADHD (CAPPA) online survey capturing carer impacts, including work, social activities and family relationships, due to their child's ADHD. Impacts were explored when the child was "on" and "off" medication (e. g. days medication not taken). Comparisons of "on" and "off" medication were examined using the Wilcoxon Signed-Rank test. No statistical comparisons of impacts were made between countries. **RESULTS:** 219 Swedish and 249 other Nordic carers of ADHD children aged 6–17 years completed the survey. 37% of Swedish carers reported employment changes (e. g. resigned, changed shift, reduced hours) due to their child's ADHD; 52% of these changes occurred when the child was "on" medication. In the past 4 weeks, 60% of Swedish carers reported missing work and 45% reported being late for work. After excluding outliers (n=15), mean number of hours missed was 4.32 (n=91, SD 2.53) and mean number of times late was 2.91 (n=69, SD 1.35). Swedish carers reported fewer "moderate" to "tremendous" impacts on social life when their child was "on" versus "off" medication (partner relationship strain: 37% vs 67%; relationship strain with other children: 29% vs 57%; social activity interference: 40% vs 59%). Relative to other Nordic countries, more Swedish carers reported being late for work (36% vs 45%) and more "moderate" to "tremendous" interference with social activities while the child was medicated (29% vs 40%). All other impacts described were similar between the two cohorts. **CONCLUSIONS:** While medication helped, it did not completely alleviate child ADHD-related impacts on work and social activities among carers from Sweden and other Nordic countries.

PMH46

CONCEPTUAL COMPREHENSIVENESS OF ANXIETY INSTRUMENTS IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE: EXPLORING THE POTENTIAL FOR CONFOUNDING SOMATIC ITEMS

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OBJECTIVES: Clinically relevant anxiety is a highly prevalent co-morbidity in chronic obstructive pulmonary disease (COPD), affecting up to 74% of patients. However, despite its prevalence, co-morbid anxiety remains under-recognised and undermanaged. Furthermore, its identification and measurement can be confounded by the overlap of somatic symptoms between anxiety and COPD. This study sought to evaluate the ability of existing patient-reported outcome (PRO) measures to assess anxiety in COPD through conceptual mapping, with particular attention on the coverage of non-somatic anxiety symptoms. **METHODS:** To determine conceptual comprehensiveness, the content of 12 extant anxiety PROs was mapped to a conceptual model of anxiety in COPD, developed through a qualitative literature review and in-depth qualitative interviews (n=15) of COPD patients with anxious symptomology. **RESULTS:** The conceptual model contained 29 concepts within five domains (somatic [15 concepts]; psychic tension [5 concepts]; apprehension [5 concepts]; panic [3 concepts]; behavioural [1 concept]). The most comprehensive conceptual coverage was found in the Mind Over Mood Anxiety Inventory which assesses 18/29 (62%) concepts across all five domains. Concept mapping revealed the majority of PROs are biased toward assessing somatic symptoms of anxiety, with no measure providing comprehensive assessment of non-somatic concepts. Indeed, the two most widely used anxiety PROs in COPD research and clinical practice (Beck Anxiety Inventory [BAI] and Hospital Anxiety and Depression Scale) provide sub-optimal coverage of anxiety concepts. In particular, the BAI is heavily weighted toward assessing somatic concepts, with little focus on psychic, apprehensive, panic and behavioural concepts of anxiety. **CONCLUSIONS:** In light of the sub-optimal content validity of extant instruments, including those commonly used in research and practice, there is a need for a comprehensive COPD-specific anxiety PRO. Such an instrument can be utilised in clinical trials for evaluating new products and enhance the accuracy of anxiety screening and measurement in clinical practice.

PMH47

THE ANXIETY INVENTORY FOR RESPIRATORY DISEASE (AIR): AN EXPLORATION OF THE AIR'S PSYCHOMETRIC PROPERTIES THROUGH RASCH ANALYSIS

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OBJECTIVES: The Anxiety Inventory for Respiratory disease (AIR) is a novel, non-somatic patient-reported outcome (PRO) measure of anxiety among patients with chronic obstructive pulmonary disease (COPD). Traditional psychometric meth-